Ref: 200-V/19 HEADQUARTERS CLASSIFICATION CAMCELLED EUROFEAN THEATER OF OPERATIONS UNITED STATES ARMY Office of the Chief Surgeon by authority of THE SUMOLIA CENERAL APO 887 DATE OF MS 950 Security Officer, S.G.D. Medical Intelligence Summary No 16 September 19/14 COMMUNICABLE DISEASES IN FRANCE 1. Information on certain reportable diseases in France has been obtained from officials of the French Ministry of Health. The diseases are reported by departments, and the figures cover the years 1941, 1942, 1943, and the first six months of 1944. In this summary the available figures for each disease are graphed separately. The brief descriptions preceding the tabular summary are taken directly from material furnished by the French Ministry of Health, to indicate the French views on certain contagious diseases. 3. These figures are believed to be the most accurate so far obtained for disease incidence in France. Current information will be distributed as available. Reference should be made to Medical Intelligence Summaries Nos. 8, 9, 11, 12 and 13. Additional copies of this report may be obtained on request. For the Chief Surgeon: WILLIAM A. HOWARD Lt Col, Medical Corps Chief, Medical Intelligence Br. Operations Division

TYPHOID AND FARA-TYPHOID FEVERS

Morbidity figures for typhoid and para-typhoid fevers have shown a steady increase during the past four years. However, it was not until 1943 that the figures rose to the level of the 1928-1938 median. (See Medical Intelligence Summary No. 13.) Typhoid and para-typhoid have continued to occur most frequently in the coastal areas, which has been a normal characteristic of these diseases in France. It is believed that neither the active period of the war nor the massive migration of the population in June 1940 influenced the typhoid - para-typhoids rates to any extent. The principal causes of the steady increase in incidence are given as follows:-

- a. Pollution of water supplies. An unusual drought during the warm season of the last few years has interfered with the normal water supplies. Many distribution systems had never before faced such a drought, and were found to be unable to meet the situation. The population was forced to use water from wells which had been previously abandoned, a fact which increased the danger of pollution.
- b. The lack of rolling stock, fuel, and labor has either slowed down considerably or in certain areas entirely stopped the work of the vidangeurs. This has resulted in the overflow of a number of cesspools, with spread of pathogenic organisms of intestinal origin.
- c. The shortage or absence of chemical fertilizers, phosphates or nitrates, has produced an increase in the practice of using human waste as fertilizer. This has not only resulted in the contamination of truck garden products, but has increased the chances for the contamination of well water supplies. These practices have also resulted in an increase in the number of flies, which may act as vectors of intestinal diseases.
- d. Epidemics originating from the ingestion of infected shellfish also have occurred, especially in the regions of Bordeaux and Caen. The present control over fishermen and fishing areas is insufficient to prevent individuals from taking shellfish from zones which have been labeled as polluted.
- e. Lack of milk supplies for individuals in towns and cities has driver many people to seeking milk directly from the producer. This results in the ingestion of raw milk without the benefits of pasteurization. Even so, it is only in the region of Lyor that milk borne epidemics have been reported.

DIPHTHERIA

The incidence of diphtheria has increased steadily since 1938, reaching its maximum in 1943. The greatest number of cases is reported from October to March of each year, with the peak frequency being in December (See Medical Intelligence Summary No. 8). Reports by departments indicate that although prior to the war diphtheria was more common in eastern France, the present trend is toward an increased frequency in the west.

SCARLET FEVER

The number of cases of scarlet fever has increased rapidly in the past four years, but has not approached the total for diphtheria. It is believed that the severity of the disease, as seen in France at the present time, is increased, and that more fatalities occur than formerly. The geographical and seasonal distribution of scarlet fever in France is not remarkable (See Medical Intelligence Summary No. 9).

CEREBROSPINAL MENINGITIS

In France, cerebrospinal meningitis is endemic principally in Normandy, Brittany and Vendee. The incidence of the disease showed a sharp rise in 1940, then a fall in 1941, although the number remained higher than normal. This was believed to be due to the considerable movement of the population, the presence of refugees, poor hygienic conditions, etc. Since this time the incidence of meningitis has steadily regressed to the levels of the years before the war. (See Medical Intelligence Summary No. 11).

THE DYSENTERIES

- 1. Bacillary Dysentery. A focus of bacillary dysentery existed at one time in Brittany, but it appears to have been extinguished for some time. Recent reports do not seem to indicate a recrudescence of this old focus.
- 2. Amebic dysentery. Autochthonus amebiasis has been a rarity in France since 1914. During the war of 1914-1918, amebic dysentery manifested a certain activity due to the arrival of colonial troops. These same factors caused a slight recrudescence in 1940, but the morbidity rate has already fallen to its habitual level.
- 3. Non-specific dysentery. In 1940 and 1941, in prison camps, internment camps, and among the civil population, there were severe outbreaks of dysentery, the causes of which were not determined. The outbreaks have lost all significance at the present time.

POLIOMYELITIS

The last epidemic of poliomyelitis in France occurred in 1930. Since that time sporadic cases have appeared in practically all the departments. The endemicity increased suddenly in June 1943, following the development of several small localized outbreaks of the disease. (See Madical Intelligence Summary No. 12). These were principally in the west of France. In the epidemic

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of 1930 approximately 84 per cent of cases were less than 6 years of age. In 1943 the age distribution in 1,000 cases was as follows:-

	5 years	202	cases
	· 10 years	222	cases
	15 years	139	cases
	20 years		cases
	than 20 years	24.5	cases
Age	unspecified	32	cases

It is noted that as a general rule, the coastal regions of France were less affected than the central area of the country.

INFLUENZA

La grippe (sic) is not a reportable disease in France. It is therefore not possible to give accurate figures for the incidence of influenza. There is meason to note, however, that for the past several years epidemic manifestations of severe grippe have not been observed in France.

TYTHUS FEVER

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This malady has never seriously affected France. It existed at one time in Brittany, an epidemic focus which no longer exists. In 1941, there were three cases reported in Marseille, but in 1942 this number increased to 195, with 30 deaths. The disease appeared in the prisons of Marseille; thanks to vaccination and other prophylactic measures which were taken immediately, the outbreak was limited to this area.

In May 1943 a case was discovered near Faris, which was alleged to have had its origin in a prison camp at Fresnes. This case was isolated and preventive measures taken immediately. More recently, in March 1944, 3 additional cases were reported in Paris, all in forced laborers under German control. These had all been in contact with Russian prisoners.

(In addition the League of Nations reports an additional case from Courrieres in the Pas-de-Calais on 4 May 1944.)

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